

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED Garcia, Rogelio		VOUCHER NUMBER																																																																																																																																																												
3. MAG. DKT./DEF. NUMBER 1:04-001685-010		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																												
7. IN CASE/MATTER OF (Case Name) U.S. v. Garcia		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																																																																												
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 1) 21 846=ND.F -- CONSPIRACY TO DISTRIBUTE NARCOTICS		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																																																														
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Budreau, James H. 20 Park Plaza Suite 905 Boston MA 02116		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court 05/03/2004																																																																																																																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)		Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																														
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